

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Effective: 09/23/2013, Modified 02/16/2026

The Colorado Department of Human Services (CDHS) is required to follow the privacy practices described in this Notice. In this Notice, “medical information” is protected health information as defined in the Health Insurance Portability and Accountability Act (HIPAA) at 45 C.F.R. § 164.501. **We reserve the right to change our privacy practices and the terms of this Notice at any time and apply any changes to our privacy practice to all medical information we have.** If we do so, we will post a new Notice on this website. You may request a copy of the new notice from **CDHS Privacy/Security Officer, 1575 Sherman St, Denver CO 80203.**

**YOUR RIGHTS TO PRIVACY**

Your medical information will not be shared and/or disclosed without your permission except as described in this Notice or required by law. You may authorize other disclosures by completing an authorization form. You may also retract (in writing) this authorization at any time. CDHS has procedures to assist you with your rights to your medical information. You may ask CDHS staff for a copy of this Notice at any time. An electronic copy of this Notice is also available on CDHS's web site at <https://cdhs.colorado.gov/hipaa>.

Any requests you may have pertaining to your medical information **must** be submitted in writing to CDHS to the Records Department where you received medical treatment. All required CDHS forms are available at CDHS offices and website. You have the right to ask CDHS to:

- Limit the use and/or disclosure of your medical information. CDHS is not required to agree to all requested restrictions but it will review all legal requests and provide a timely response back to you.
- Provide confidential communications of your medical information to you by alternative means or at alternative locations.
- Contact you by your preferred method including email, fax, a specific mailing address or phone number.
- Look at or have a copy of any part of your medical information included in the designated record set maintained by CDHS. You may be charged a processing and postage fee for this request.
- Change or add information to your designated record set. However, CDHS may not change its **original** document but may add an amendment to your record.
- Provide a list of disclosures of your medical information made after April 14, 2003. This will not include disclosures for purposes of treatment, payment, health care operations; or disclosures made to you or with your permission.
- Provide a paper copy of this Notice to you upon request.

**OUR RESPONSIBILITIES**

- We are required by law to maintain the privacy and security of your medical information and to comply with HIPAA regulations.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your medical information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it, upon request.
- We will not use or share your medical information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- We agree to restrict disclosure to your health plan if you pay out of pocket in full for health care services.
- We are required to comply with all state and federal nondiscrimination laws, including laws that address language access requirements. If you need any accommodations for this Notice or other CDHS webpages or documents, please contact [CDHS\\_forALL@state.co.us](mailto:CDHS_forALL@state.co.us) or fill out the CDHS Digital Accessibility and Support Form at <https://cdhs.colorado.gov/accessibility-at-cdhs>. The form is also available at CDHS offices.
- If the permissible uses or disclosures of information described in this Notice are limited by other laws that are more restrictive than HIPAA regulations (for example, Substance Use Disorder treatment records protected by 42 C.F.R. Part 2), the description of such uses or disclosures must reflect the more stringent law.

If you need more information or believe that CDHS has violated your privacy rights,

Please contact:

CDHS Privacy and Security Officer  
1575 Sherman Street  
Denver, CO 802  
303-866-5871

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

You may also file a complaint with:

Office of Civil Rights, Department of Health and Human Services  
1961 Stout Street, Rm 1185 FOB  
Denver, CO 80203  
303-844-2024

**CONFIDENTIALITY PRACTICES AND USES** - CDHS, may access, use, and/or share your medical information without permission from you for:

- **Treatment** - to appropriately determine approvals or denials of your medical treatment. For example, CDHS may share your health information with a doctor or hospital that provides health care to you.
- **Payment** - to determine your eligibility for benefits and payment. For example, CDHS may send medical claims for payment to your health insurance company.
- **Health Care Operations** - to evaluate the performance of a health plan or a health care provider. For example, CDHS contracts with consultants who review the records of hospitals and other organizations to determine the quality of care you received.
- **Appointments** - CDHS may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **CDHS Fundraising** - CDHS may contact you to raise funds for CDHS. You have the right to opt out of receiving fundraising communications by following the opt out instructions on the fundraising notice.
- **Redisclosure of Medical Information** – In the event that we properly disclose your medical information to a third-party recipient or recipient you designated, that information may no longer be protected by HIPAA and may be subject to redisclosure by the recipient.

**USES AND DISCLOSURES REQUIRING YOUR PERMISSION** - CDHS requires your authorization before making the following disclosures:

- **Psychotherapy Notes** – We may not disclose psychotherapy notes about you without your authorization except to carry out treatment, payment, or health care operations when used by your treatment provider, disclosed by CDHS for its own mental health training programs, or to defend CDHS in a legal action.
- **Marketing and Sales** – We may not disclose your medical information for marketing purposes without your authorization, except in a face-to-face communication by CDHS to an individual, or a promotional gift. We may not sell your medical information without your authorization.

**USES AND DISCLOSURES NOT REQUIRING YOUR PERMISSION** - CDHS may use and disclose your medical information under certain circumstances without your authorization:

- **Required by Law** – to use and disclose your medical information when such disclosure is required by and complies with law.
- **Other Government Agencies and/or Organizations Providing Public Benefits, Services or Disaster Relief** - to disclose your medical and other information with other government agencies and/or organizations related to eligibility or enrollment in public benefits or for the purposes of coordinating disaster relief.
- **Public Health** - to disclose your medical information to agencies for public health activities for disease control and prevention, problems with medical products or medications, and victims of abuse, neglect or domestic violence.
- **Health Oversight Activities** - to disclose your medical and other information to approved government agencies responsible for the Medicaid program, the U.S. Dept of Health and Human Services (HHS), and the HHS Office of Civil Rights.

- **Judicial and Administrative Hearings** - to disclose your specific medical information in court and administrative proceedings in response to a court order, lawful subpoena, or discovery request after opportunity for objection or there is a court order in place protecting your medical information disclosed to the court.
- **Law Enforcement purposes** - to disclose your specific medical information for certain law enforcement purposes described in 45 C.F.R. § 164.512(f), including, but not limited to, when the disclosure is required by law to report certain crimes like child abuse or abuse of an at-risk adult; to report a crime at a CDHS facility; and in response to an investigation by law enforcement if you were a victim of a crime.
- **Coroners, Medical Examiners, and Funeral Directors** - to disclose your specific medical information to authorized persons who need it to administer their duties.
- **Organ Donation and Disease Registries** - to disclose your specific medical information to authorized organizations involved with organ donation and transplantation, communicable disease registries, and cancer registries.
- **Research Purposes** - in certain circumstances, and under supervision of a privacy board, we may disclose your medical information to assist medical/psychiatric research.
- **To Avert Serious Threat to Health, Safety or Emergency Situation** - to disclose your specific medical information to prevent a serious threat to the health and safety of an individual or the public.
- **Specialized Government Functions** - to disclose your medical information for national security, intelligence and/or protective services for the President. CDHS may also disclose your health information to the appropriate military authorities if you are or have been a member of the U. S. armed forces.
- **Correctional Institutions** - to disclose your medical information to correctional facilities or law enforcement officials to maintain the health, safety and security of the corrections system.
- **Workers' Compensation** - to disclose your medical information to workers' compensation programs that provide benefits for work-related injuries or illness without regard to fault.
- **Disclosures to Family, Friends, Personal Representatives, and Others identified by you** - CDHS may disclose limited medical information to your family, friends, personal representative or other people identified by you that directly relates to those individuals' involvement in your health care or payment for health care. CDHS will ask you before disclosing such information and you have the right to object to the sharing of this information.
- **CDHS' Business Associates** – to disclose your medical information to a CDHS vendor who is performing services for CDHS. These vendors are required to comply with HIPAA in protecting your medical information
- **Facility Directory** – to disclose your name, location within the CDHS facility or contractor, general condition that does not communicate specific medical information (such as “critical” or “stable”), and your religious affiliation to members of the clergy or, excluding your religious affiliation, to persons who ask for you by name. You have the right limit the information in the directory or ask not to be included in the directory.

**CONFIDENTIALITY PRACTICES AND USES OF YOUR SUBSTANCE USE DISORDER TREATMENT RECORDS (42 C.F.R. Part 2 or “Part 2”)** - CDHS is required to give you adequate notice of your record use. CDHS has a duty to protect your records.

- **Greater Protection** – Although HIPAA permits the disclosure of your medical information without your authorization for treatment, payment, and operations purposes, under Part 2, your Substance Use Disorder Treatment Records, including verbalization of information in those records, cannot be disclosed for treatment, payment, and health care operations without your written authorization.
- **Substance Use Disorder Treatment Records in Civil, Criminal, Administrative, or Legislative Proceedings** – Your Substance Use Disorder Treatment Records will not be used or disclosed in civil, criminal, administrative, or legislative proceeding against you without your written consent, or a court order with a subpoena requiring disclosure. The required disclosures will not be made before you have had an opportunity to be heard.
- **Substance Use Disorder Treatment Records for other legal proceedings** – Your Substance Use Disorder Treatment Records will not be used or disclosed in civil, criminal, administrative or other proceedings unless the requirements in Subpart E of Part 2 have been met.
- **Substance Use Disorder Treatment Records Fund Raising** – CDHS will provide you with a clear and conspicuous opportunity to choose not to receive any fundraising communications from CDHS.